

MONITORING FILE SAMPLE

LEA: _____

DATE OF ON-SITE REVIEW: _____

List all student files and indicate the purpose of review for each file selected. Have all files available on the first day of the on-site review.

Purposes of review and forms to be used

Student Last name, first initial	Census # or DOB	School or Teacher	Eligibility Category	Initial Eval	Initial Eval Ineligible	Reeval	Preschool	High School Transition	Phased Out	Suspend	Reviewer Signature
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